

## State of Washington Application for a Water Right Permit

DEC TIMES

☐ SURFACE WATER ☐ GROUND WATER OF ECOLOR
☐ Permanent ☐ Temporary ☐ Short TermAL & BUDGE

Follow the attached instructions. Attach additional sheets as necessary.

JUL 23 2008

A NON-REFUNDABLE MINIMUM FEE OF \$50,00 PAYABLE TO DEPARTMENT OF ECOLOGY THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Applicant/Business Name: JoAnn	& Richard Coffland	Phone No: 509-647-2333	Other No: 509-631-0449
Address: 5897 Spring Canyon Rd	E	309-047-2333	309-031-0449
City: Grand Coulee		State: WA	Zip:99133
Email Address (optional): joann.r	osenberg@yahoo.com	3	
Contact Name (if different from a	bove): N/A	Phone No:	Other No:
Relationship to Applicant:			
Address:			
City:		State:	Zip:
Email Address (optional):			
Section 2. STATEME	NT OF INTENT		
nticipated length of time to co later Use List all purposes for Purpose(s) of Use	which water will be applied to a be	Acre-Feet per	Period of Use
dater Use List all purposes for	which water will be applied to a be		
dater Use List all purposes for	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR)	Period of Use
Vater Use List all purposes for Ourpose(s) of Use	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Vater Use List all purposes for Ourpose(s) of Use	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)  Continuously
Purpose(s) of Use  Domestic - Single	Rate (check one box only)  ☐ Cubic Feet per Second (CFS)  ☐ Gallons per Minute (GPM)  Unknown 50 g p m	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Vater Use List all purposes for Ourpose(s) of Use	Rate (check one box only)  ☐ Cubic Feet per Second (CFS)  ☐ Gallons per Minute (GPM)  Unknown 50 g p m	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)  Continuously

By Kitusa Priority Date 9-25-2008 By KiRyf

A.) If Surface Water Source					B.) If Ground Water Source			
Spring Creek River Lake Other:					Well(s) □ Other:			
Source Name:					Well diameter & depth:			
					Number of proposed points of withdrawal: 1			
Tributary to:					Do you have an existing well? ☐ YES ☒ NO			
Number of proposed diversion points:					If available, attach Water Well Report and pump to			
Do you have an existing	ng diversi	on?	YES [] N	10 0	Well Tag	g ID No		
C.) Point of Diversi	ion/With	drawal	- Legal	Descripti	ion			
Parcel No. 900010	1/4 NW	1/4 NE	Section 18	n Townsh		Range	County lincoln	
Lot(s)	1444	Block	Australia	20		vision	Incom	
0		0			(	)	o the nearest section corner:	
Feet ( Nor		SE [	-	corner of S	Section1	<u>8</u> .	County	
raicei No.	1/4	74	Section	II TOWNS!	<u>up 1</u>	Range	County	
Lot(s)		Block	:(s)		Subdi	vision		
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Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Describe your proposed water austern finally to the	and size of devices used to divert or withdraw water from				
ource): domestic water well.					
Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION					
Complete A or B, and C below	TEL SISIEM INFORMATION				
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)				
Projected number of connections to be served:	Present population to be served water:				
Type of connections: Home	Estimate future population to be served:				
(e.g., home, recreational cabin)	(20 year projection)				
C.) Water System Planning					
Do you have a Water System Plan approved by the Division? YES NO	Washington State Department of Health, Drinking Water				
If yes, date plan was approved//	Water System Number:				
If yes, date plan was approved//  Name of water system:					
Name of water system:					
Name of water system:  Are you within the service area of an existing wate					
Name of water system:  Are you within the service area of an existing wate	er system?  YES NO				
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Name of water system:  Are you within the service area of an existing wate  If yes, explain why you are unable to connect to the	er system? TYES NO e system:				
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Name of water system:  Are you within the service area of an existing wate  If yes, explain why you are unable to connect to the	er system? TYES NO e system:				
Name of water system:  Are you within the service area of an existing wate If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKWA	er system? YES NO e system:  ATER/OTHER FARM USES  er this application = 1/2 ACRES				
Name of water system:  Are you within the service area of an existing wate If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKWA  Section 6. IRRIGATION/STOCKWA  Irrigation  Fotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your attorious area.	er system? YES NO e system:  ATER/OTHER FARM USES  er this application = 1/2 ACRES				
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Name of water system:  Are you within the service area of an existing wate If yes, explain why you are unable to connect to the Section 7. IRRIGATION/STOCKWA Arrigation  Fotal number of acres requested to be irrigated under NOTE: Outline the area to be irrigated on your attacking the stockwater  List number and kind of stock: 5 Horses	ATER/OTHER FARM USES  er this application = 1/2 ACRES arched map.				

## Family Farm Water Act (RCW 90.66): Calculate the acreage in which you have a controlling interest, including only: Acreage irrigated under water rights acquired after December 8, 1977, Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other pending application(s). Is the combined acreage under existing rights greater than 6000 acres? YES NO Do you have a controlling interest in a Family Farm Development Permit? YES NO If yes, enter Permit No: \_ Section 8. OTHER WATER USES Hydropower Indicate total feet of head N/A and proposed capacity in kilowatts: Describe works:\_ Indicate all uses to which power is to be applied: FERC License No: Mining/Industrial Use Describe use, method of supplying and utilizing water: N/A Other Use N/A Section 9. WATER STORAGE Will you be using a dam, dike, or other structure to retain or store water? YES NO Are you proposing to store more than 10 acre-feet of water? YES NO Will the water depth be 10 feet or more? ☐ YES ☒ NO If you answered yes to any of the above questions, please describe: NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application. Section 10. DRIVING DIRECTIONS Provide detailed driving directions to the project site: From Grand Coulee, WA, go east on Hwy 174 about 4.5 mile to the Lakeview Terrace Mobile Home Park. Turn Left into Lakeview Terrace Mobile home park taking Spring Canyon Rd E. Go approximately 4.5 Miles at this point the pavement ends. Go another mile until you come to a hay field, corrals, buildings and a mobile home. Stop here and you will be guided to the area were the well site will be established. No road to site at this time.

ite Address: Unknown at this time.	B. Carlotte and Ca	

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

ToAnn Coffand
Print Name
(Applicant or authorized representative)

C Ronald Rosenberg
Print Name
(Landowner of Place of Use)

Print Name
(Landowner of Place of Use)

Signature

Signature

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Signature

Signature

Date

Date

Submit your application to: D

DEPARTMENT OF ECOLOGY

**CASHIERING SECTION** 

PO BOX 5128

LACEY WA 98509-5128

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☐ Central ☒ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000